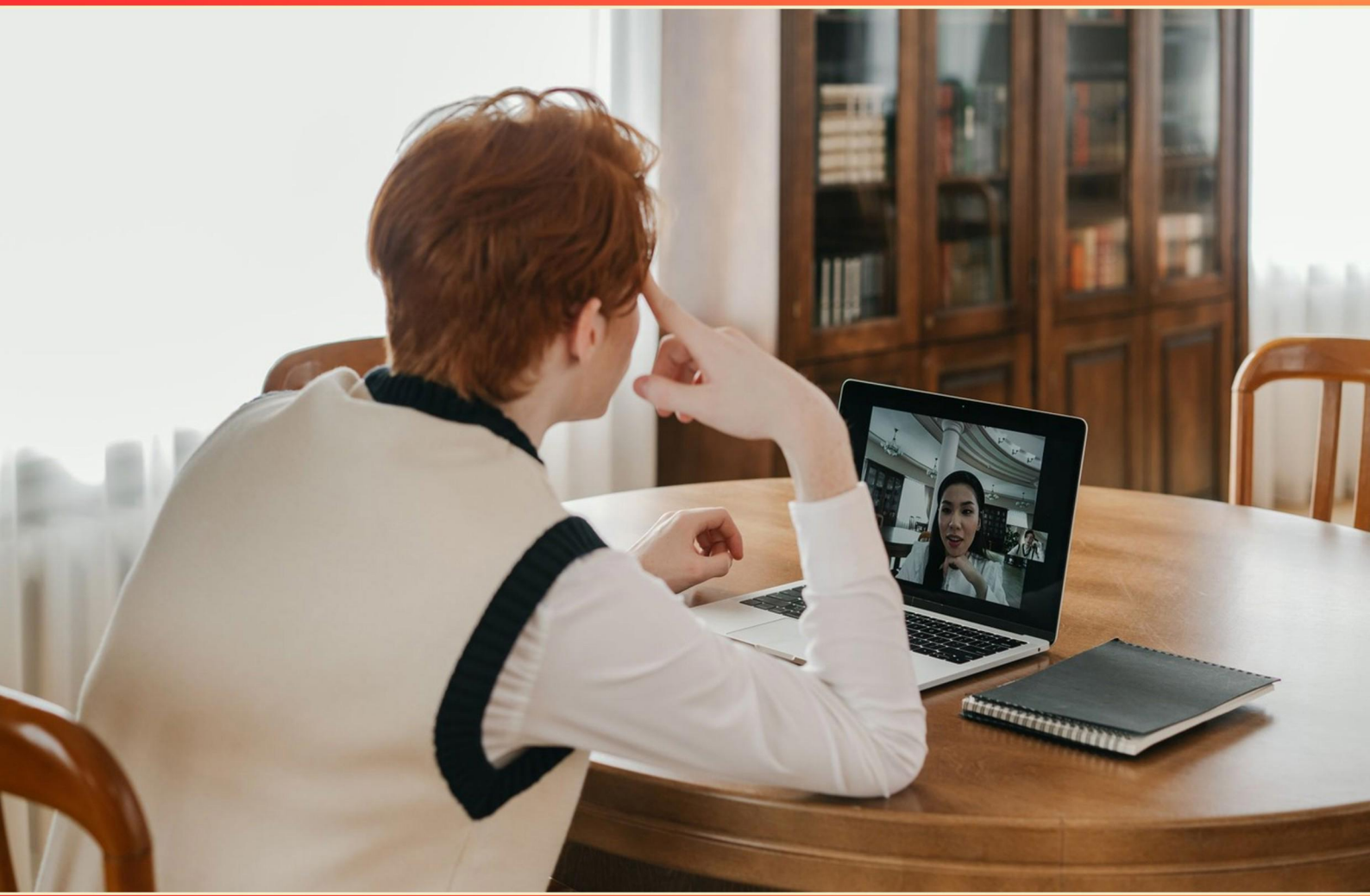
BOARD CERTIFIED–TELEMENTAL HEALTH PROVIDER (BC-TMH) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. RHCD is a component of USAC that manages what?

A. It manages reduced-rate telecommunications support for rural providers.

B. It is a health information exchange.

C. It funds hospital capital construction.

D. It is a government regulatory agency overseeing telemedicine licenses.

2. What does the acronym ONC stand for?

A. Office of the National Communications.

B. Office of the National Coordinator for Health Information Technology.

C. Organization for National Care.

D. Office of New Clinical Tools.

3. Which term describes a digital phone line leased at a fraction of its data-carrying capacity and thus lower cost?

A. Frame Rate

B. Fractional T1/T3

C. EMR

D. EHR

4. eHealth is defined as which of the following?

A. Healthcare practice supported by electronic processes and communication.

B. A mobile health application platform.

C. A manual charting system.

D. An encryption standard.

5. What is the primary role of the Office of the National Coordinator for Health Information Technology (ONC)?

A. Enforce privacy rules for health data.

B. Fund pharmaceutical research.

C. Certify medical devices for safety.

D. Help organizations adopt health information technology to improve care, reduce costs, and support population health.

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6. What is a key element of planning for emergencies in telemental health?

A. Create a plan in advance for EMS involvement or other clinicians.

B. Only contact EMS if the client is not reachable.

C. Always rely on EMS without prior planning.

D. Never involve EMS.

7. Which entity at the state level is described as being trained and authorized to impose fines and investigate HIPAA violations?

A. Department of Health and Human Services

B. State Attorney General

C. Federal Trade Commission

D. Office for Civil Rights

8. Regarding the patient's support person, what is a possible requirement during sessions for higher risk clients?

A. The clinician can require the support person to be on site with the person during sessions

B. The client must attend sessions alone

C. The client can attend on-site without any support person

D. The clinician can require the client to move to a supervised site

9. Safe harbor for a device — what is described as safe harbor?

A. Safe harbor guarantees no breach regardless of device security

B. Safe harbor requires you to encrypt data in the cloud only

C. Safe harbor is unrelated to device security

D. Safe harbor relies on encryption and ability to wipe/disable the device remotely

10. During a crisis when the client is in another state, what should you do?

A. End the session immediately

B. Do nothing and wait for them to contact someone local

C. Directly provide care regardless of licensure

D. Prepare the client with local resources and a crisis plan

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Answers

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1. A
2. B
3. B
4. A
5. D
6. A
7. B
8. A
9. D
10. D

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Explanations

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1. RHCD is a component of USAC that manages what?

A. It manages reduced-rate telecommunications support for rural providers.

B. It is a health information exchange.

C. It funds hospital capital construction.

D. It is a government regulatory agency overseeing telemedicine licenses.

Rural Health Care Division's role is to administer the Rural Health Care Program, which provides discounted telecommunications and data services to eligible rural health care providers. This reduced-rate support helps hospitals, clinics, and other rural facilities afford the communications resources they need to deliver care and enable telemedicine and remote health information access. It's not about exchanging health data, funding hospital construction, or regulating telemedicine licenses, but about making the underlying telecommunications services more affordable for rural health care providers.

2. What does the acronym ONC stand for?

A. Office of the National Communications.

B. Office of the National Coordinator for Health Information Technology.

C. Organization for National Care.

D. Office of New Clinical Tools.

ONC stands for the Office of the National Coordinator for Health Information Technology. This federal entity within the Department of Health and Human Services leads nationwide health IT efforts, driving electronic health record adoption, interoperability standards, and privacy/security guidance. The other options don't reflect the official name or the domain of health information technology, so they don't fit the acronym. In telehealth and health IT contexts, ONC is the recognized body setting the standards and coordinating national efforts.

3. Which term describes a digital phone line leased at a fraction of its data-carrying capacity and thus lower cost?

A. Frame Rate

B. Fractional T1/T3

C. EMR

D. EHR

Fractional T1/T3 describes a digital phone line leased at a fraction of its data-carrying capacity, allowing cost savings while still providing dedicated bandwidth. In telecom terms, a T1 line offers about 1.544 Mbps across 24 channels, and a fractional arrangement lets you lease only the number of channels you need (for example, a subset like 4, 8, or 12). This reduces monthly costs compared to a full line while meeting the business's actual capacity needs. The other options aren't about telecommunications services: frame rate is a video/graphics metric, and EMR/EHR refer to electronic medical records software.

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4. eHealth is defined as which of the following?

A. Healthcare practice supported by electronic processes and communication.

B. A mobile health application platform.

C. A manual charting system.

D. An encryption standard.

eHealth refers to healthcare practices and systems that rely on electronic processes and communications to deliver, coordinate, and manage care. This broad approach includes electronic health records, telemedicine, e-prescriptions, online patient portals, and other digital tools that enable information sharing and interaction between patients and providers. It's more than just a single mobile app platform, which would be narrower; while mobile health apps are part of eHealth, the term covers the entire electronic-enabled health landscape. It's not a manual, paper-based charting system, nor is it an encryption standard, which is a security measure used within eHealth rather than its definition.

5. What is the primary role of the Office of the National Coordinator for Health Information Technology (ONC)?

A. Enforce privacy rules for health data.

B. Fund pharmaceutical research.

C. Certify medical devices for safety.

D. Help organizations adopt health information technology to improve care, reduce costs, and support population health.

The key idea here is that the Office of the National Coordinator for Health Information Technology focuses on getting health information technology adopted and used across health care, with an emphasis on interoperable standards and data exchange to improve care, reduce costs, and support population health. ONC works to guide organizations as they implement electronic health records and related tools, and to enable the smooth sharing of health information so providers can coordinate better and use data to drive better health outcomes. It doesn't enforce HIPAA privacy rules—that authority sits with privacy regulators like OCR. It doesn't fund pharmaceutical research—that's NIH's domain. It doesn't certify medical devices—that's the FDA's role. So, promoting adoption of health IT to enhance care and population health best captures ONC's purpose.

6. What is a key element of planning for emergencies in telemental health?

A. Create a plan in advance for EMS involvement or other clinicians.

B. Only contact EMS if the client is not reachable.

C. Always rely on EMS without prior planning.

D. Never involve EMS.

In telemental health, emergencies require a plan created in advance for how to involve emergency medical services or other clinicians. The key is having a clear, practiced protocol before a crisis hits: know where the client is located during the session, have consent and authorization to contact responders, and have readily accessible information such as current diagnosis, medications, crisis history, and any relevant treatment directives. This preparation lets responders be dispatched to the correct place with essential context, and it helps the clinician coordinate with on-site staff, a family member, or another part of the care team. It also anticipates legal and privacy considerations about what information can be shared and ensures a backup plan if the primary clinician isn't available. Without advance planning, actions can be delayed, roles may be unclear, and important clinical details may be missed, increasing risk to safety. Relying on EMS without a prepared plan or avoiding EMS altogether are both unsafe and inconsistent with responsible crisis management in telemedicine.

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7. Which entity at the state level is described as being trained and authorized to impose fines and investigate HIPAA violations?

A. Department of Health and Human Services

B. State Attorney General

C. Federal Trade Commission

D. Office for Civil Rights

Enforcement of HIPAA can involve different levels, but the state-level entity with authority to investigate violations and seek civil penalties is the State Attorney General's office. This office is trained and empowered to enforce state privacy laws, investigate breaches, and bring civil actions or settlements to impose fines. HIPAA itself is enforced nationwide by the federal Office for Civil Rights within HHS, which handles investigations and penalties across the country. The FTC handles broader consumer privacy issues but not the primary HIPAA enforcement. So, at the state level, the Attorney General's office is the legitimate body authorized to pursue fines and investigations in HIPAA-related matters.

8. Regarding the patient's support person, what is a possible requirement during sessions for higher risk clients?

A. The clinician can require the support person to be on site with the person during sessions

B. The client must attend sessions alone

C. The client can attend on-site without any support person

D. The clinician can require the client to move to a supervised site

Safety planning and risk management in teletherapy may include having a support person on-site during sessions for higher-risk clients. This requirement helps ensure immediate assistance if a crisis arises, supports monitoring and implementation of the safety plan, and provides another person who can help respond if the client becomes acutely unsafe. It also facilitates communication with the caregiver or support network and can improve accuracy of information about the client's situation. The other options reduce or negate these safety safeguards (attending alone removes the told-on-site safety presence; attending on-site without support lacks the added risk-management presence; moving to a supervised site is a different arrangement that may be used in other circumstances but isn't the direct on-site support during the session).

9. Safe harbor for a device — what is described as safe harbor?

A. Safe harbor guarantees no breach regardless of device security

B. Safe harbor requires you to encrypt data in the cloud only

C. Safe harbor is unrelated to device security

D. Safe harbor relies on encryption and ability to wipe/disable the device remotely

Safe harbor for a device means having protective controls that, if in place, provide a shield against liability by reducing the risk of exposing patient data. The best description here is that safe harbor relies on encryption of the device and the ability to wipe or disable the device remotely. Data encrypted on the device remains unreadable to anyone who gains access without the proper key, so a lost or stolen device doesn't readily expose patient information. Pairing encryption with a remote wipe/disable capability completes a robust safeguard: if the device goes missing, you can erase its data or deactivate it to prevent misuse. This combination aligns with accepted security practices under privacy regulations and demonstrates a reasonable, proactive approach to protecting data. The other options mischaracterize the concept. Safe harbor is not a guarantee of zero breaches regardless of security, and it is not limited to cloud encryption alone—the device itself must be protected. Also, safe harbor is not unrelated to device security; device protections are a central part of establishing a safe harbor in mobile health contexts.

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10. During a crisis when the client is in another state, what should you do?

A. End the session immediately

B. Do nothing and wait for them to contact someone local

C. Directly provide care regardless of licensure

D. Prepare the client with local resources and a crisis plan

When a crisis involves a client who is physically in another state, the priority is to ensure safety and continuity of care within licensure rules. Preparing the client with local resources and a crisis plan achieves this by connecting them to appropriate services in their jurisdiction and giving them a concrete, step-by-step plan to follow during the crisis. This approach respects professional boundaries while actively supporting the client in the moment, reducing risk and creating a clear path for ongoing care once the immediate crisis subsides. Ending the session immediately would leave the client without needed support, and doing nothing ignores safety concerns. Providing care across state lines without proper licensure is not permissible.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://bctmh.examzify.com

We wish you the very best on your exam journey. You've got this!

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